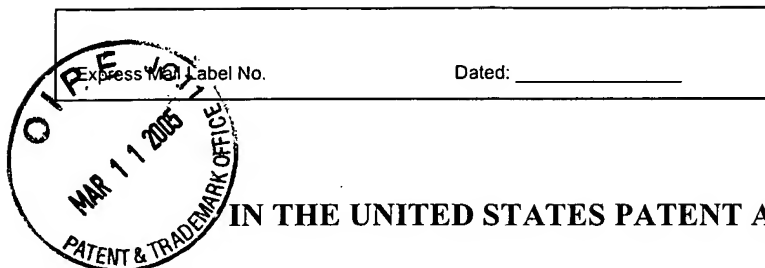


03-14-05

ZW AF  
1653



Docket No.: 01034/100F810-US2  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Peter H. St. George-Hyslop et al.

Application No.: 10/071,900

Confirmation No.: 2710

Filed: February 8, 2002

Art Unit: 1653

For: ALZHEIMER'S RELATED PROTEINS AND  
METHODS OF USE

Examiner: K. C. Carlson

**AMENDMENT AFTER FINAL ACTION (37 C.F.R. SECTION 1.116)**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This amendment is in response to the Final Office Action dated January 13, 2005.

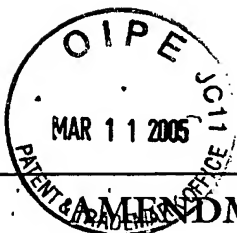
Please amend the above-identified U.S. patent application as follows:

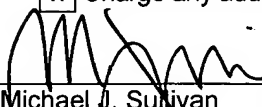
**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

03/15/2005 HALI11 00000059 10071900

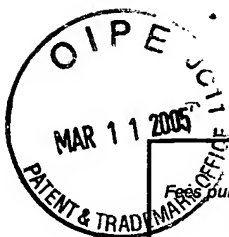
01 FC:1201 200.00 DP  
02 FC:1202 350.00 DP



AMENDMENT TRANSMITTAL LETTER				Docket No. 01034/100F810-US2	
Application No. 10/071,900-Conf. #2710	Filing Date February 8, 2002	Examiner K. C. Carlson	Art Unit 1653		
Applicant(s): Peter H. St. George-Hyslop et al.					
Invention: ALZHEIMER'S RELATED PROTEINS AND METHODS OF USE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	31	- 24 =	7	x 50.00	350.00
<b>Independent Claims</b>	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>550.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 550.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael J. Sullivan Attorney Reg. No.: 54,479				Dated: March 11, 2005	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7766					

Express Mail Label No.

Dated: \_\_\_\_\_



<b>Effective on 12/08/2004.</b> Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/071,900-Conf. #2710
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 8, 2002
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 550.00		First Named Inventor	Peter H. St. George-Hyslop
		Examiner Name	K. C. Carlson
		Art Unit	1653
		Attorney Docket No.	01034/100F810-US2

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 04-0100    Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

31    - 24 = 7    x 50.00 = 350.00    **Fee (\$)**    **Fee Paid (\$)**

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

4    - 3 = 1    x 200.00 = 200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**Fees Paid (\$)**

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	54,479
Name (Print/Type)	Michael J. Sullivan	Telephone	(212) 527-7700
		Date	March 11, 2005

Express Mail Label No.	Dated: _____
------------------------	--------------

Attorney Docket No.: 01034/100F810-US2

# Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to:

FD-330 172055-45

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 11, 2005  
Date

Lillian Garcia  
Signature

Lillian Garcia  
Typed or printed name of person signing Certificate

\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
Telephone Number

**Note:** Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1pg)  
Amendment (10 pgs)  
Amendment Transmittal (1 page)  
Check # 7920 in the amount of \$550.00  
Return receipt postcard